

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET										SERIAL NO.		FILING DATE	
										APPLICANT(S)			
11/5/4										CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1										
2	1		1										
3		2		2									
4		2		2									
5		2		2									
6		2		2									
7		2		2									
8		2		2									
9		2		2									
10		①		2									
11		2		2									
12		2		2									
13		2		2									
14	1		1										
15	1		1										
16	1		1										
17		1		1									
18	1		1										
19		1		①									
20		4		①									
21	1		1										
22		1		1									
23	1		1										
24		1		1									
25		4		①									
26	1		1										
27		1		1									
28	1		1										
29		1		1									
30	1		1										
31		1		1									
32	1		1										
33		1		1									
34	1		1										
35	1		1										
36		2		2									
37		2		2									
38		2		2									
39	1		1										
40	1		1										
41		2		2									
42		2		2									
43	1		1										
44		1		1									
45		1		1									
46													
47													
48													
49													
50													
TOTAL IND.	17		19										
TOTAL DEP.	49		47										
TOTAL CLAIMS	66		66										

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